

3/2/2015 15:14:75 From: To: 8506176383

Division of Corporations

**L02000011094** (1/3)  
Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

RECEIVED  
15 MAR -2 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**LLC DISSOLUTION OR WITHDRAWAL  
NORTH ORLANDO LAND, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED  
15 MAR -2 AM 7:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MAR - 3 2015

T. HAMPTON

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: North Orlando Land, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

Natalie Beegle

(Name of Person)

C T Corporation System

(Firm/Company)

208 S. LaSalle Street STE 814

(Address)

Chicago, IL 60604

(City/State and Zip Code)

For further information concerning this matter, please call:

Natalie Beegle

312

288-3537

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
North Orlando Land, LLC
2. The Articles of Organization were filed on 05/08/2002 and assigned  
document number L02000011094
3. The delayed effective date the dissolution is not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
The company no longer wishes to do business in FL therefore in withdrawing the entity
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_
6. Signature of an authorized person or if there are no members, the signature of the person appointed and  
listed above to wind up the company's activities and affairs: \_\_\_\_\_

Signature

**Natalie Deegle**

Printed Name \_\_\_\_\_

FILING FEE: \$23.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAR -2 AM 7:39

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